

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009644	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	
IND..	DEP.	IND..	DEP.	IND..	DEP.	IND.	DEP.	
1						51		
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46						96		
47						97		
48						98		
49						99		
50						100		
OTAL ID.						TOTAL IND.		
OTAL EP.						TOTAL DEP.		
OTAL AIMS						TOTAL CLAIMS		